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PERMANENT ADDRESS:

8524...103 St...
Edmonton, Alberta
Canada.....

DATED. July 18.....1973

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THE UNIVERSITY OF ALBERTA

THE EFFECTS OF DIFFERENTIAL LEVELS OF COUNSELLOR EMPATHY ON LEVELS OF CLIENT SELF-EXPLORATION

by

© Katherine E. Grimsrud

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "The Effects of Differential Levels of Counsellor Empathy on Levels of Client Self-Exploration" submitted by Katherine E. Grimsrud in partial fulfilment of the requirements for the degree of Master of Education.

Supervisor

Date July 11, 1973

ABSTRACT

The thesis upon which the present study was based was that a counsellor's level of accurate empathic understanding is positively related to a client's resulting level of depth of self-exploration. A design was constructed in which levels of empathy could be systematically varied so that a causal relationship could be shown to exist.

Subjects were instructed to respond in writing to two different written counsellor statements which had been manipulated as to level of empathy. One of the counsellor responses had been rated at a high level of empathy and one had been rated at a low level. The subjects' responses were then rated on level of self-exploration according to two different procedures as follows: (1) Judges first rated the responses on a scale ranging from levels of 0-9 in self-exploration; (2) Next, judges selected which of two randomly paired client responses was higher in level of self-exploration. One of the pair was a response to a high empathy counsellor statement, and the other was a response to a low empathy counsellor statement.

No significant differences were found in self-exploration levels between subjects responding to high levels of empathy and to low levels of empathy. Near significance was obtained, however, for client responses to one of the standard problem statements in the paired

situation. A slight trend was also observed in the 0-9 rating situation for client responses to the other of the standard problem statements and to both of the standard problem statements combined.

Although the results of the study were not conclusive, it was felt that the basic analogue design of this study is well worth adapting to further research in the area.

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CHAPTER I

INTRODUCTION

The Nature of the Problem

Certain therapist qualities have been identified as being important to the outcome of a therapeutic relationship. Rogers (1957) theorized that empathy, along with genuineness and unconditional positive regard are conditions that are both necessary and sufficient for positive personality change. Past research supports this view, in that clients whose therapists exhibit these qualities to a high degree do in fact have a higher improvement rate than clients whose therapists do not exhibit these qualities or exhibit them to a low degree (Whitehorn and Betz, 1954; Carkhuff and Berenson, 1967; Rogers, Truax, Gendlin, and Kiesler, 1967; Truax and Carkhuff, 1967). Generalizing the importance of these three therapist qualities, Truax and Carkhuff (1967) contend, "These findings seem to hold for a wide variety of therapists and counsellors, regardless of their training or theoretic orientation; and for a wide variety of clients or patients.... (p. 100)".

The above studies were carried out in clinical settings in which it was not possible to obtain control of the therapist variables that were being studied. Heller (1971) maintains,

> The clinical interview, while an excellent source of research hypotheses, is a poor testing ground for isolating factors responsible for behavior change. The varied complexity of the therapeutic interaction and the inability to specify and control therapeutic operations make it difficult to obtain reliable information concerning exact agents of change (p. 127).

The desirability of examining experimentally the hypotheses that had been generated by the clinical research led to the development of a study by Truax and Carkhuff (1965) in which the conditions offered by the therapist were manipulated. In this study the therapy session was divided into three sections in which the therapist offered high levels of empathy and warmth during the first section of the interview, lower levels during the second section, and again high levels during the final section of the interview. The clients' responses to the therapist's statements were analyzed and it was found that high levels of empathy and warmth were followed by high levels of self-exploration, and low levels of empathy and warmth were followed by low levels of self-exploration.

Although this study pointed to the influence that the therapist has upon the client's self-exploration and thus upon his improvement, the basic design of the study has been criticized. First of all, the study was based on a very small sample which made it difficult to draw conclusions. Also, as Heller (1971) pointed out, "...each experimental condition was presented by only one person. The condition and the individual presenting it are thus confounded, a particularly serious problem in studies in which conditions are themselves 'person' variables (p. 136)". Another criticism of this study (Heller, 1971) was that the lowering of the conditions during the second part of the interview was

defined only as the therapist "withholding his best response". This is a nebulous definition which prevented replication of the study.

The present study was planned to overcome some of the weaknesses of the previous study while at the same time retaining the control of therapist variables that the previous design offered. Since the helping professions accept empathy as an important therapist characteristic, a study offering controlled research on the influence of empathy upon client self-exploration would be a valuable addition to already existing research.

The purpose of the study was to examine the effects of differential levels of empathy on the levels of client self-exploration in an attempt to see if high levels of therapist responses generate high levels of self-exploration on the part of the client. The importance of this study is that it is an attempt to show that the level of client self-exploration is not only related to the level of therapist empathy but is also contingent upon the level of therapist empathy.

Design of the Study

The plan of this study was to offer experimentally manipulated levels of empathy in a simulated interview setting. A written format was used in which the initial client statement was standard -- the expression of a typical client statement. Written counsellor responses varied in level of empathy (high and low) with subjects given one counsellor response at each level. The subjects responded to the counsellor statement with a written response as if they were the clients.

The final client statements were rated on level of self-exploration. According to the hypothesis of the study, the final client statements should vary directly with the type of counsellor statement offered — high counsellor empathy should be followed by high client self-exploration and low counsellor empathy should be followed by low client self-exploration.

Obviously, this was not a "real" client-counsellor interaction but an experimental analogue research design. A particular agent of change was selected and isolated in an attempt to study its relationship to client self-exploration. Although the setting was not authentic, it is thought that aspects of it are in fact analogous to the authentic situation, and it is a method to experimentally measure those aspects by reducing the complexity of the total interaction and thus control for other variables.

Limitations

There were several limitations to this study which are immediately apparent. First of all, one of the goals of research is generalizability; one problem of analogue research such as this study is its generalizability from the experimental setting to the actual interview setting. As Heller (1971) pointed out,

> Typically we accept as valid, findings from experiments that are in some way representative of the situation occupying our primary interest, so that as an analogue becomes further removed from the process of therapy and the conditions of treatment, the less relevant it will seem (p. 128).

Thus, a paradoxical situation exists, since one advantage of analogue

research is its ability to isolate one variable at a time in order to study a part of a complex interaction that is otherwise difficult to study; and at the same time this advantage is also a disadvantage in so far as it limits or at least questions the generalizability of the study.

A second limitation is whether empathy can actually be measured by rating written responses rather than verbal responses as is traditionally done. There is a question as to whether vital components of empathy may be missed with the written responses, such as tone of voice, gestures, eye contact.

Furthermore, there is also a question as to whether ratings of empathy can in fact be made with reliability and validity. Thus, the rating of empathy itself poses another limitation. A similar limitation exists with respect to reliability and validity of ratings on the outcome variable of self-exploration.

The fact that self-exploration was the only outcome variable studied must also be considered as a limitation of this study. It is possible that high levels of empathy are related to other outcome variables that were not examined.

Definitions

For the purpose of this study the following definitions were used:

Accurate Empathic Understanding

That which is measured by A Scale for the Measurement of Accurate Empathy (Truax and Carkhuff, 1967). The highest accurate empathic

understanding implies that the second person fully understands "where the first person is at" and is able to communicate this understanding to the first person. The single term empathy is taken to mean the same thing as accurate empathic understanding.

Self-Exploration

That which is measured by The Measurement of Depth of Intrapersonal Exploration scale (Truax and Carkhuff, 1967). The highest level of self-exploration implies that the first person is exploring his feelings and experiences fully.

Overview of the Study

Chapter I introduces the topic of this study, setting out its purpose and importance as well as its limitations and definition of terms. Chapter II is a review of the literature relevant to the study, including especially research on the core conditions, self-exploration, and analogue designs. Chapter III describes in detail the actual carrying out of the experiment. Chapter IV is an analysis of the data obtained, and Chapter V consists of conclusions and suggestions for further study.

CHAPTER II

REVIEW OF RELATED LITERATURE

Related Literature on Standardized Interviews

Other studies reviewed in the literature lend support to the analogue design which was selected for this study in that they have successfully utilized standardized analogue interviews rather than actual interviews of therapy sessions.

Pope and Siegman (1968) studied interviewer warmth in relation to interviewee verbal productivity, measured by resistiveness, hesitation, and verbal fluency. In this study approximating an initial interview, the interviewer followed a standardized script and achieved the warm or cold manner by prescribed contrasts in expression. The results of the study found interviewer warmth to be associated with interviewee responsiveness and verbal productivity. Each subject was seen twice, once by a warm interviewer and once by a cold interviewer. An order effect was observed in that the subject was inhibited in his productivity and responsiveness in the warm interview when it had been preceded by the cold interview.

Heller, Davis, and Myers (1966) also standardized the interviewer's behavior. They trained graduate students in speech and drama to function in four different styles: active-friendly; active-hostile;

passive-friendly; passive-hostile. A silent interviewer was also included in the study. Judges were used to rate the consistency with which each interviewer was able to carry out his specified role. On a 9-point friendliness-hostility scale, judges' ratings for affect in the active state were clearly defined and nonoverlapping. For the passive conditions there was judged to be some ambiguity. The purpose of the study was to compare interviewer affect and activity level with the subjects' verbalizations, subject reaction checklist, and content of areas discussed in the interview. Before the fifteen minute interview, the 120 subjects listened to a tape of a college student discussing a problem. During the interview they were asked to recall as much of the problem as possible, produce a solution to the problem, and then discuss how they were similar to and/or different from the person on the tape, in relation to the problem. Results of the study indicated that active interviewers were most successful in getting subjects to verbalize while silent interviewers were least successful. Friendly interviewers were found to be the most liked.

Another study also involved the standardizing of interview roles, although this time it was the role of the client that was standardized (Heller, Myers, and Kline, 1963). Four actors were trained to be clients and they saw 34 therapist-trainees for a 1/2 hour interview. The actors were trained for very specific roles, including interview behavior, problems, feelings to be expressed, personal histories, and family backgrounds. An actor was judged ready to play his role in the actual interview after 5 out of 6 judges rated that he had met the role definitions. After the study was completed, 12 other judges listened

to segments of tapes from the interviews and rated the actors on control and affect dimensions in order to determine whether or not they had been able to maintain their roles during the interviews. It was hypothesized and confirmed that client friendliness would evoke interviewer friendliness; client hostility would evoke interviewer hostility; client dominance would evoke interviewer passivity; client dependence would evoke interviewer activity and responsibility. An additional hypothesis which was not confirmed was that client hostility would result in interviewer anxiety.

Related Literature on Core Conditions

Whitehorn and Betz (1954) in an early study of therapist qualities examined qualities that appear to be synonomous with the core conditions of empathy, warmth (unconditional positive regard), and genuineness, although they are not explicitly defined as such. They studied the records of 100 schizophrenic patients between 1944 and 1952 and found that patients treated by seven psychiatrists in Group A had a 75% improvement rate while those treated by the seven psychiatrists in Group B had only a 27% improvement rate. Whitehorn and Betz attributed the differences in the two groups to differences in the ways the psychiatrists related to the patients, since the two groups of psychiatrists and patients were matched on many other variables. They interpreted their findings to mean that successful therapy was due to therapists relating in an active and personal way to their patients and developing a trusting and confidential relationship with them.

The theoretical work of Rogers (1957) laid the groundwork for many future studies of therapist qualities. Based on his clinical experience, Rogers hypothesized that accurate empathic understanding, warmth, and genuineness are three therapist qualities that are necessary and sufficient for constructive change in the client. Rogers also hypothesized that the greater the levels of these conditions present in the therapy session, the greater would be the client's personality change. Rogers saw the core conditions as necessary elements in any type of therapy, regardless of the technique employed or the orientation of the therapist.

A major project at the University of Wisconsin which was conducted by Rogers, Truax, Gendlin, and Kiesler (1967) developed directly from Rogers' hypotheses. The results of this study showed that clients who saw therapists who were operating at high levels of the three core conditions improved, while clients who saw therapists who were operating at low levels of the conditions did not improve and in fact deteriorated. The trend of increasing client self-exploration was observed with increasing therapist empathy and warmth, but especially empathy.

In another study Halkides (1958) found that clients rated most successful in therapy had seen therapists who were judged as being higher on the levels of the core conditions than clients rated least successful in therapy.

In a study of group psychotherapy, Truax (1961) found empathy, warmth, and genuineness to be associated with patient involvement in therapy and in patient self-exploration. This study was conducted with three groups of hospitalized mental patients who attended

approximately 42 hours of group psychotherapy each. Three-minute samples of tape recorded sessions were selected and measures of intrapersonal exploration and of therapist and group conditions were taken for each sample of tape.

Truax, Carkhuff, and Kodman (1965) studied 40 hospitalized mental patients who were involved in group therapy over a three-month period of time. Patients whose therapists showed high levels of empathy showed improvement equal to or greater than patients whose therapists showed low levels of empathy. Improvement was determined by scores on the Minnesota Multiphasic Personality Inventory which was administered before and after therapy.

There have been several studies in which the levels of therapist-offered core conditions were manipulated (Truax and Carkhuff, 1965; Sander, Tausch, Bastine, and Nagel, 1968; Tausch, Eppel, Fittkau, and Minsel, 1969; Cannon and Pierce, 1968; Holder, Carkhuff, and Berenson, 1967; Piaget, Berenson, and Carkhuff, 1967). These studies all used the same basic design of dividing the interview into three sections of experimentally manipulated therapist-offered conditions. Although the specific results of the studies were slightly different, all were interpreted to show that the therapist, by manipulation of his levels of core conditions offered, has influence upon the level of self-exploration of the client (or at least of certain types of clients as two of the studies showed).

The first of these studies, which was cited previously, (Truax and Carkhuff, 1965) involved one therapist and three psychotic patients, each of whom was seen by one therapist in a one hour interview divided

into sections of high-low-high therapist-offered conditions. For all three patients, self-exploration was lowered during the middle section of the interview when the therapist lowered his levels of empathy and warmth. The patients all returned to their previous higher level of self-exploration when the therapist again offered higher levels of empathy and warmth. Truax and Carkhuff felt that this study showed evidence of a causal relationship between the therapist-offered levels of empathy and warmth and the client's self-exploration.

The Truax and Carkhuff study was replicated in West Germany in a study by Sander, Tausch, Bastine, and Nagel (1968) and was reviewed by Truax and Mitchell (1971). Translated versions of the Truax scales of accurate empathy and self-exploration were used in this study (Truax and Carkhuff, 1967). Results similar to those of Truax and Carkhuff (1965) were found; when therapist empathy was at a high level, client self-exploration was at a high level; and when therapist empathy was at a low level, client self-exploration was at a low level.

Another study by Tausch, Appel, Fittkau, and Minsel (1969), also conducted in West Germany and reviewed by Truax and Mitchell (1971), showed a similar relationship.

Cannon and Pierce (1968) conducted an experimental study in which two groups of schizophrenic patients saw the same therapist for a 45-minute interview. The three patients in Group I were offered high-low-high conditions in the same three-section design. The three Group II patients were offered low-high-low levels of therapist conditions. In all cases patient self-exploration was significantly higher during the periods of high levels of therapist-offered conditions than during

periods of low levels.

A study by Holder, Carkhuff, and Berenson (1967) showed that clients who were high-functioning on the variables of empathy, respect, genuineness, and concreteness were not affected by the therapists' lower levels of the conditions during the middle section of a high-low-high level interview, although clients who were low-functioning were affected by the therapists' lower levels of the conditions in that they exhibited lower levels of self-exploration during this period of time. The study consisted of six clients who saw one therapist for a period of one hour each.

Piaget, Berenson, and Carkhuff (1967) conducted a study which consisted of two therapists, one high-functioning and one moderately-functioning on the facilitative conditions of empathy, positive regard, genuineness, concreteness, and self-disclosure; and eight clients, four high-functioning and four low-functioning on these same conditions. The three sections of the interview were again in the high-low-high order. High-functioning subjects in this study were also able to maintain high levels of self-exploration during the middle section of the interview with the high-functioning therapist. The self-exploration level of low-functioning clients, however, was found to vary directly with the therapist's level of the conditions. When the clients were interviewed by the moderately-functioning therapist, levels of self-exploration for all clients were lowered during the middle section of the interview. And with this therapist, the client's level of self-exploration continued to lower, even during the third section when the therapist was again offering high levels of

the conditions.

Related Literature on Self-Exploration

Self-exploration on the part of the client is generally accepted in the therapeutic field as being an indication that therapy is moving in a positive direction. Literature in the field has supported this view.

In the words of Truax and Carkhuff (1967),

> In successful psychotherapy, both individual and group, the patient spends much of his time in self-exploration — attempting to understand and define his own beliefs, values, motives, and actions — while the therapist, by reason of his training and knowledge, is attempting to facilitate this process.... This central role of the client's self-exploration and verbal revelation, although more structured, is seen in virtually all forms of psychotherapy, including behavior therapy. (p. 189)

A study conducted by Peres (1947) found that in later sessions of group counselling, clients who had successful outcomes made significantly more references to personal problems than did clients who did not have successful outcomes. In the early stages of group therapy, references to personal problems were equal for clients of both successful and unsuccessful eventual outcomes.

Steele (1948) compared more and less successful cases of individual client-centered counselling and found that more successful clients explored their problems increasingly during the course of counselling while less successful clients explored their problems less as counselling continued.

In an early study focusing on an examination of the processes

occurring in nondirective therapy, Seeman (1949) studied attitudes of clients and the content of client statements. As therapy progressed he found that clients' attitudes increased in positiveness and they concentrated more on self as opposed to others. The clients also increased on a category labelled "insight and understanding". These findings are interpreted to mean that as therapy progresses, the client focuses more on himself and is involved in a process of self-exploration.

Tomlinson and Hart (1962) conducted a study on the validation of the Process Scale, developed by Walker, Rablen, and Rogers (1960), which is an instrument for measuring process change in psychotherapy on a seven-stage, seven-category scale and is essentially the same as the concept of self-exploration. Ten cases were selected and divided into two groups labelled more successful and less successful. Two-minute segments of taped interviews were selected and rated on the Process Scale by judges trained in the use of the scale. Those cases which were more successful showed a higher level on the scale than those cases which were less successful. There was also greater process change during therapy on the part of the more successful group than on the part of the less successful group.

Rogers and Truax (1962) found that the Depth of Intrapersonal Exploration Scale, the Experiencing Scale and the Problem Expression Scale were predictive of readiness for help and therefore for success in therapy. This study also found that successful outcome cases showed significantly more self-exploration as early as the second interview, the correlation between self-exploration in the second

interview and successful outcome being .70.

In a previously cited study carried out by Tausch, Eppel, Fittkau, and Minsel (1969) therapist accurate empathy was found to be related to both client self-exploration and client improvement. When high levels of therapist empathy were offered, clients were rated at high levels of self-exploration, and they also showed greater degrees of improvement. For this study the Truax scales for accurate empathic understanding and self-exploration were used for rating therapist and client variables (Truax and Carkhuff, 1967).

Truax and Carkhuff (1964) in a study which involved individual psychotherapy with schizophrenics, found that patients who engaged in self-exploration to a high degree also showed significantly greater personality change during the course of therapy than patients who engaged in self-exploration to a low degree. For this study, self-exploration was rated on the Depth of Intrapersonal Exploration Scale (Truax and Carkhuff, 1967).

In several related studies involving findings on self-exploration in group therapy, it was found that outpatients and hospitalized patients who had successful outcome in therapy, engaged in greater self-exploration than patients who had less successful outcome. The evidence was stronger for hospitalized patients than for outpatients (Truax, Wargo, and Carkhuff, 1966; Truax and Wargo, 1966 b). In a similar study with juvenile delinquents, self-exploration was not found to be critical for outcome (Truax and Wargo, 1966 a).

Carkhuff (1969) outlined two phases that he feels must take place in successful therapy. These are the "downward phase" which

involves self-exploration, and the "upward phase" which involves action toward resolving the problems. In the words of Carkhuff (1969),

> There is no basis in the experience of either the helper or the helpee for helping until the helpee has thoroughly explored his past, present, or future difficulties. Helpee self-exploration, then, may lead to improved self-understanding and/or the improved capacity for constructive action, initially one before the other, ultimately both simultaneously (p. 37).

Related Literature on Written and Oral Responses

Two unpublished research studies carried out at the State University of New York at Buffalo have dealt with the validity of using written responses as opposed to verbal responses. Greenberg (1968) found close relationships among three variables: responding in writing to a standard client statement, responding verbally to a standard client statement, and responding in an actual helping role. In evaluating this study, Carkhuff (1969) contended, "This research established that both written and verbal responses to helpee stimulus expressions are valid indexes of assessments of the counsellor in the actual helping role (p. 108)".

In a related study, Antonuzzo and Kratochvil (1968) found a close relationship between written responses to verbal or tape recorded client statements and written responses to written client statements.

Both of these studies found discrepancies between high- and low-level counsellors, the high-level counsellor being consistent for all indexes, and the low-level counsellors varying with high levels on one index and low levels on another.

In summary, the related literature cited above tends to support

studies of this nature. Past literature has given a definite importance to accurate empathic understanding as a therapist variable that is related to positive therapeutic outcome and to the client variable of self-exploration which is seen as an indication of and a prediction of positive outcome. Many studies have been cited which relate high levels of therapist empathy to high levels of client self-exploration. There are also precedents in research for the implementation of analogue interviews rather than actual interviews as well as the use of written responses rather than oral responses.

CHAPTER III

METHODOLOGY

Introduction

Three different standard client statements were made up and typed on a single sheet of paper. Following each client statement there was a written counsellor response which had been obtained by asking graduate students in a counselling program to write responses to the standard client statements. These counsellor responses were then rated for accurate empathic understanding on A Scale for the Measurement of Accurate Empathy (Truax and Carkhuff, 1967). Those responses that were selected for use in the study varied in level of accurate empathic understanding with one half at a high level of empathy and one half at a low level of empathy.

Subjects in the study were undergraduate students in an educational psychology class who were asked to respond in writing to the counsellor responses as if they were each of the three separate clients. The client responses were then rated on The Measurement of Depth of Intrapersonal Exploration scale (Truax and Carkhuff, 1967).

Statistical analysis was used to test whether high counsellor empathy was followed by high client self-exploration and whether low counsellor empathy was followed by low client self-exploration.

Standard Client Statements

The initial client statements were made up to be typical client statements. The following three statements are those that were used in the study. They represent initial statements made by three different clients.

#1 CLIENT: I guess I just don't like to spend time alone anymore. I used to but lately it's like I have to keep myself so busy with other people so I won't have to be alone. It's like I'm just going, going, going all the time.

#2 CLIENT: I just can't seem to concentrate on anything anymore. I study for a few minutes and then I start to daydream. Or I think of something else to do. And I just can't make myself stick with it. What do you think will happen to me?

#3 CLIENT: I guess I just don't have confidence in myself anymore. It's like I'm afraid to open my mouth because somebody might tell me I'm wrong. So I just don't say much of anything at all.

The three client statements were typed on a single sheet of paper with space left after each statement for a counsellor response to be written (Appendix A).

Counsellor Responses

The sheets consisting of the three individual client statements were then given to graduate students at the University of Alberta who were enrolled in an educational psychology program and were specializing in the area of counselling. The following instructions were given:

Write a response to each of these statements as if you were the counsellor of each of the three individual clients.

63 students each completed three counsellor responses making a total of 189 individual counsellor responses. The sheets were then separated so that all of the counsellor responses for each standard client statement could be grouped together. For example, all of the #1 standard client statements and all of the #1 counsellor responses were put into one group as were all #2 standard client statements and #2 counsellor responses and all #3 standard client statements and #3 counsellor responses.

These counsellor responses were then rated independently by three judges as to their level of accurate empathic understanding according to the procedures described by Truax and Carkhuff (1967). The reliability of the empathy scale as reported by Truax and Carkhuff (1967) has ranged previously from .43 to .95 for 28 available reliability coefficients.

Three counsellor responses to standard #1 and #3 client statements which the three raters had agreed were of a high level of empathy and three counsellor responses to standard #1 and #3 client statements which the raters had agreed were of a low level of empathy were randomly selected from a larger group of counsellor responses meeting the rating criteria level. For the purpose of this study high responses were defined as level 6 and above and low responses were defined as level 2 and below. At this time and for the remainder of the study standard client statement #2 was eliminated from further use due to an insufficient number of counsellor responses rated at high levels of empathy. For

convenience, standard client statement #3 was renumbered and for the rest of the study is referred to as standard client statement #2.

Sheets that were made up now consisted of the two standard client statements and following each of these, one of the randomly selected counsellor responses. Six different sheets were made up, three of which consisted of one of the three high rated counsellor responses to standard client statement #1 and one of the three low rated counsellor responses to standard client statement #2 (Appendix B).

The other three sheets were made up to be just the opposite and consisted of one of the three low rated counsellor responses to standard client statement #1 and one of the three high rated counsellor responses to standard client statement #2 (Appendix C).

Client Responses

The six different sheets in final form now consisted of the two standard client statements, each followed by a high or a low counsellor response with space left after each of the counsellor responses for another client response to be written by the subjects.

Clients for the study (subjects) were 98 undergraduate students enrolled in an educational psychology class at the University of Alberta. The prepared sheets were distributed to the subjects with the following instructions:

> Pretend that you are really each of these two clients and are talking to a counsellor. Read what has already been said by the client (you) and by your counsellor. How would you respond to what the counsellor has just said? Write a response that shows what you would say next.

Remember that there are two different clients represented on the sheet. Pretend to be each client.

The responses of the subjects were then separated from the initial standard client statements and from the counsellor responses. They were rated separately for depth of self-exploration by three judges who were trained in the use of The Measurement of Depth of Intrapersonal Exploration scale (Truax and Carkhuff, 1967).

Training of Raters of Self-Exploration

In two training sessions the raters were taught the levels of the Truax scale for self-exploration. They role-played all examples included in the scale description, discussed the experts' ratings and reasons why different excerpts had been rated at the various levels. The raters practiced selecting which of two examples of client responses was higher in self-exploration. They also assigned a scale level to excerpts similar to those used in the study.

Analysis

A one-way analysis of variance was used to test the null hypothesis that:

There is no significant difference in levels of self-exploration between clients' statements responding to high levels of counsellor stated empathy and low levels of counsellor stated empathy.

Procedures

The study was conducted using the following procedural order:

1. Initial client statements were developed and typed on a single sheet of paper.

2. Graduate counselling students were asked to respond in writing to these client statements as if they were the counsellors.

3. Counsellor responses were separated into three groups (Client #1, #2, and #3 initial statements with responses) and rated for level of empathy.

4. The ratings of each counsellor response were put into levels of high and low empathy in all cases in which they fit a criterion that was established.

5. For two of the client statements, three randomly selected responses were chosen at high levels of empathy and three at low levels. The third client statement was discarded at this point.

6. Six different sheets were made up consisting of the two initial client statements, followed by a high or a low counsellor response for each, with space left for a final client response.

7. The sheets were distributed in random order to a class of undergraduate educational psychology students who were asked to respond in writing as if they were the clients. All subjects responded to both a high and a low empathy statement, the order of which was

reversed for one half of the subjects (H/L and L/H order).

8. These responses were separated from the initial standard client statements and from the counsellor responses.

9. The client responses were rated for level of self-exploration.

10. A one-way analysis of variance was used to see if level of client self-exploration varied directly with level of counsellor offered empathy.

CHAPTER IV

RESULTS AND DISCUSSION

The purpose of this study was to see if high and low levels of counsellor accurate empathic understanding generated differential levels of client depth of self-exploration.

Written counsellor responses to two initial client stimulus statements were randomly selected at high and low levels of accurate empathic understanding. 98 client subjects responded in writing to these counsellor statements, and their responses were then rated as to level of self-exploration.

Resulting levels of client self-exploration were compared to level of counsellor empathy to determine if the level of self-exploration was in fact contingent upon the level of counsellor empathy. In carrying out the analysis, a one-way analysis of variance was used to see if there were significant differences in self-exploration between groups of subjects responding to high empathy and to low empathy counsellor statements.

The null hypothesis is reported below as well as tables summarizing the results. A .05 level of significance was deemed necessary for the rejection of the null hypothesis.

Reliability of Judges' Ratings of Empathy

Each of the three trained judges rated 63 counsellor responses to each of the two initial standard client statements according to the scale developed by Truax (Truax and Carkhuff, 1967). Table I lists the reliability of the judges' ratings. The reliability score is an intraclass correlation and was computed according to procedures described by Winer (1962, Pp. 124-132) utilizing analysis of variance.

TABLE I

RELIABILITY OF THE JUDGES' RATINGS OF ACCURATE EMPATHIC UNDERSTANDING

Counsellor Responses to Standard Statement	Reliability
Statement 1	.68418
Statement 2	.68469
Statements 1 and 2	.66758

Intraclass correlations were found to range from .66-.68. This level of reliability was felt to be adequate to proceed with further analysis.

Reliability of Judges' Ratings of Self-Exploration

Each of three judges trained in the rating of depth of self-exploration according to the Truax scale (Truax and Carkhuff, 1967) rated 196 client subject responses to the counsellor statements. 98 responses were rated for each of the two different initial standard client statements. Table II lists the reliability of the judges' ratings, again utilizing procedures described by Winer (1962, Pp. 124-132).

TABLE II

RELIABILITY OF THE JUDGES' RATINGS OF DEPTH OF SELF-EXPLORATION

Client Responses to Standard Statement	Reliability
Statement 1	.78173
Statement 2	.83298
Statements 1 and 2	.79970

The above intraclass correlations ranged from .78-.83 and were felt to be sufficiently reliable to continue with the analysis.

Analysis for Order Effects and for Differences in Counsellor Statements

Since one half of the client subjects responded first to a high empathy counsellor statement and next to a low empathy counsellor statement, and one half responded to counsellor statements in the reverse order, it was necessary to determine whether or not the order of the counsellor statements had affected the subjects' responses.

It was also necessary to determine whether or not the three different counsellor statements at a high level of empathy were significantly different from each other and whether or not the three counsellor statements at a low level of empathy were significantly different from each other. If significance were found among the above factors, separate analysis of the self-exploration responses would be necessary.

Two-way analysis of variance was used to test for differences. The order effect and the statement effect were both found to be non significant.

Hypothesis Testing

The null hypothesis was stated as follows: There is no significant difference between groups in self-exploration responding to high levels of counsellor empathy and to low levels of empathy.

One-way analysis of variance was used to test the null hypothesis of no significant difference. The results are reported in Tables III and IV. The obtained values were not statistically significant at the .05 level.

TABLE III

SUMMARY OF MEANS AND STANDARD DEVIATIONS OF MEAN OF CLIENT SELF-EXPLORATION FOR GROUPS RESPONDING TO HIGH AND LOW LEVELS OF COUNSELLOR EMPATHY

Group Responses to	Mean	Standard Deviation
High Empathy - Statement 1	4.82	1.49
Low Empathy - Statement 1	4.88	1.35
High Empathy - Statement 2	4.42	1.25
Low Empathy - Statement 2	4.33	1.50
High Empathy - Statement 1 & 2	4.61	1.37
Low Empathy - Statement 1 & 2	4.60	1.44

TABLE IV

SUMMARY OF T-TESTS FOR SIGNIFICANCE OF DIFFERENCES BETWEEN MEANS IN SELF-EXPLORATION FOR GROUPS RESPONDING TO HIGH AND LOW LEVELS OF COUNSELLOR EMPATHY

Group Responses to	t	df	P
High Empathy - St. 1 Low Empathy - St. 1	.220	96	.8259
High Empathy - St. 2 Low Empathy - St. 2	.315	96	.7531
High Empathy - St. 1 & 2 Low Empathy - St. 1 & 2	.094	97	.9255

The null hypothesis of no difference between groups in level of self-exploration was not rejected. It was concluded that the level of counsellor empathy had no effect on the level of client self-exploration.

Discussion

The null hypothesis was not rejected indicating that clients' level of self-exploration was not contingent upon counsellors' level of empathy. A slight trend in the predicted direction was noted for subject responses to Statement 2 and to Statement 1 and 2 combined. However, a slight trend in the opposite direction was noted for responses to Statement 1.

The failure to reject the null hypothesis led to an additional method of analysis which is reported below. The same three judges previously trained to rate level of self-exploration on the 10-point Truax scale, rated the level of self-exploration in a manner different from the above. In this case they simply selected which of two randomly paired client responses was higher in level of self-exploration. One of the pair was a response to a high level counsellor empathy statement and the other was a response to a low level counsellor empathy statement. On one half of the pairs, the client response to the high empathy statement was first and on one half of the pairs, the client response to the low empathy statement was first.

To establish reliability for this type of rating, the significance of the difference between proportions was computed according to procedures described by Ferguson (1971, Pp. 160-162). Table V and Table VI summarize the results.

TABLE V

JUDGES' RATINGS OF PAIRED RESPONSES

Client Responses to	Total Pairs of Responses	3 Judges in Agreement	Agreement by Chance
Statement 1	49	30	12.25
Statement 2	49	28	12.25
Statement 1 & 2	98	58	24.50

TABLE VI

SIGNIFICANCE OF DIFFERENCE BETWEEN PROPORTIONS:
JUDGES' RATINGS AND RATINGS EXPECTED BY CHANCE

Client Responses to	z	P
Statement 1	3.68	.00016
Statement 2	1.04	.14690
Statement 1 & 2	4.88	.00001

The obtained reliabilities were deemed sufficient to proceed with further analysis on the comparison between counsellor empathy and client self-exploration levels.

A chi square analysis was used to see if subjects' responses differed in level of self-exploration from what could be expected by chance alone.

Tables VII, VIII, and IX summarize the chi square frequencies on self-exploration levels for initial client Statement 1, Statement 2, and Statements 1 and 2 combined.

The obtained chi square values were not statistically significant at the .05 level.

TABLE VII

FREQUENCY OF HIGH AND LOW CLIENT SELF-EXPLORATION ON RESPONSES TO HIGH AND LOW COUNSELLOR EMPATHY-STATEMENT 1

	High Self-Exploration	Low Self-Exploration
High Empathy	29	20
Low Empathy	20	29
Total	49	49

χ^2 = 3.30, n.s.
df = 1
P < .075

TABLE VIII

FREQUENCY OF HIGH AND LOW CLIENT SELF-EXPLORATION ON RESPONSES TO HIGH AND LOW COUNSELLOR EMPATHY-STATEMENT 2

	High Self-Exploration	Low Self-Exploration
High Empathy	24	25
Low Empathy	25	24
Total	49	49

χ^2 = .0408, n.s.
df = 1

TABLE IX

FREQUENCY OF HIGH AND LOW CLIENT SELF-EXPLORATION ON RESPONSES TO HIGH AND LOW COUNSELLOR EMPATHY - STATEMENTS 1 & 2

	High Self-Exploration	Low Self-Exploration
High Empathy	53	45
Low Empathy	45	53
Total	98	98

$\chi^2 = 1.31$, n.s.

df = 1

$p < .25$

The null hypothesis of no difference in self-exploration between groups of subjects responding to high or low levels of counsellor empathy was not rejected by this analysis. It was concluded that the level of counsellor empathy had no effect on the level of client self-exploration as judged by the paired statement situation. However, it should be noted that near significance was reached in chi square analysis for Statement 1. There was a definite trend for high counsellor empathy to be associated with high client self-exploration and for low counsellor empathy to be associated with low client self-exploration.

Summary of Results

The null hypothesis was tested using two different statistical procedures and the following results were obtained:

Client level of self-exploration was not found to be contingent upon level of counsellor empathy on the basis of the obtained data.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The thesis upon which this study was based was that a counsellor's level of accurate empathic understanding is positively related to a client's resulting level of depth of self-exploration. A design was constructed in which levels of empathy could be systematically varied so that a causal rather than a correlational relationship could be shown to exist.

Subjects were instructed to respond in writing to two different written counsellor statements which had been manipulated as to level of empathy. One of the counsellor responses had been rated at a high level of empathy and one had been rated at a low level. The subjects' responses were then rated on level of self-exploration. The scales selected for ratings of both empathy and self-exploration were those developed by Truax (Truax and Carkhuff, 1967).

Analysis of variance was used to determine if there was a significant difference in self-exploration between groups of subjects responding to high and to low empathy counsellor statements.

Subjects' responses were also paired (responses to one high and one low empathy counsellor statement) and raters selected one of the

pair as being high in self-exploration. Chi square analysis was used to test whether the frequency of choosing as high in self-exploration the statement that had been preceded by a high empathy counsellor statement was greater than would be expected by chance alone.

No significant differences were fould in self-exploration level of subjects responding to high levels of counsellor empathy and to low levels of empathy.

Conclusions

The following conclusion was drawn from the data collected in this study: No significant relationship between counsellor level of empathy and client level of self-exploration was found to exist. Hence, within this study, high empathy levels on the part of the counsellor cannot be said to have generated high levels of self-exploration on the part of the client, and low levels of empathy cannot be said to have generated low levels of self-exploration. However, near significance was obtained to reject the null hypothesis in the paired statement situation with Statement 1 ($P<.075$). In another situation utilising self-exploration ratings on the 10-point Truax scale, a slight trend in the predicted direction was noted, although this trend did not approach significance.

Thus, the thesis proposed by this study was not supported at a statistically significant level. Several factors in the study emerged as possible reasons for the failure to obtain significance.

One explanation for the lack of significant results could be one that was offered by a number of the subjects themselves. At the end

of the study some of the subjects said that they had tried harder to clarify their problem when responding to the low empathy counsellor because they felt that he did not understand. Thus, their responses to these specific counsellor statements might have been as high as or higher in level of self-exploration than their responses to high empathy counsellors whom they felt already understood them. It is possible that this was a general trend in the study and could in part account for lack of significant results.

Another explanation could be that since this was a written analogue experiment, the subjects failed to identify with the client stimulus statement and also did not feel that the counsellor's responses were really relevant to them. Thus, they perhaps responded in a manner that would be uncharacteristic of them in a real counselling situation.

As well, subjects were asked to respond to only one counsellor statement which also would not be characteristic of an actual counselling situation. Several of the raters of empathy expressed distress at rating on the basis of one excerpt only; it may also have been the case that subjects found it difficult to respond meaningfully on the basis of one interchange only.

It is also possible that the nature of the subjects themselves, undergraduates not specifically concerned with being clients at the time of the experiment, gave rise to a lack of committment about responding as they would if they were actually involved in counselling with the specific counsellor to whom they were responding.

Recommendations for Further Research

Further research is needed in the development of designs in which levels of empathy can be successfully manipulated in analogue settings. Analogue research has many strong points as opposed to research conducted in clinical settings, as previously discussed, and should be further developed to deal with variables such as those included in this study.

Consideration of the following questions might provide possible starting points for further investigation.

1. Would significant differences have been found if a measure other than the Truax 10-point scale had been used to determine levels of self-exploration?

2. Would significant differences have been found if an outcome measure other than self-exploration had been used?

3. Would significant differences have been found if the client and counsellor stimulus excerpts had been longer, and if there had been a greater number of interchanges between the standard client and the counsellor so that the selections came closer to approximating an actual counselling interview?

4. Would significant differences have been found if those counsellor responses that were used had been also previously rated in a pilot study by clients (as well as by trained raters of empathy) to see if they perceived the responses as being high or low in accurate empathic understanding?

5. Would significant differences have been found if the stimulus excerpts of both client and counsellor had been verbally presented by actors trained for this purpose enabling the subjects to identify more easily with the client's problem and to feel concerned with the counsellor's responses?

6. Would significant differences have been found if clients already involved in counselling had been used as subjects rather than undergraduates?

In the opinion of the writer, answers to the above questions would serve to strengthen research related to the present study making the analogue setting more similar to the real counselling situation so that subjects' responses would be more generalizable. This type of research would, however, continue to retain the advantages of the analogue setting.

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APPENDICES

APPENDIX A

INITIAL STANDARD CLIENT STATEMENTS

#1 CLIENT: I guess I just don't like to spend time alone anymore. I used to but lately it's like I have to keep myself so busy with other people so I won't have to be alone. It's like I'm just going, going, going all the time.

COUNSELLOR:

#2 CLIENT: I just can't seem to concentrate on anything anymore. I study for a few minutes and then I start to daydream. Or I think of something else to do. And I just can't make myself stick with it. What do you think will happen to me?

COUNSELLOR:

#3 CLIENT: I guess I just don't have confidence in myself anymore. It's like I'm afraid to open my mouth because somebody might tell me I'm wrong. So I just don't say much of anything at all.

COUNSELLOR:

APPENDIX B

INITIAL STANDARD CLIENT STATEMENTS, SELECTED COUNSELLOR RESPONSES - - HIGH/LOW ORDER

INSTRUCTIONS:

Pretend that you are really each of these two clients and are talking to a counsellor. Read what has already been said by the client (you) and by your counsellor. How would you respond to what the counsellor has just said? Write a response that shows what you would say next. Remember that there are two different clients represented on the sheet. Pretend to be each client.

#1 CLIENT: I guess I just don't like to spend time alone anymore. I used to but lately it's like I have to keep myself so busy with other people so I won't have to be alone. It's like I'm just going, going, going, all the time.

COUNSELLOR: You just can't seem to feel at ease with yourself alone anymore. You find that being with other people helps you feel more secure but only temporarily.

CLIENT:

#2 CLIENT: I guess I just don't have confidence in myself anymore. It's like I'm afraid to open my mouth because somebody might tell me I'm wrong. So I just don't say much of anything at all.

COUNSELLOR: Most people don't seem very friendly - <u>they're</u> just out to make themselves look good.

CLIENT:

INSTRUCTIONS:

Pretend that you are really each of these two clients and are talking to a counsellor. Read what has already been said by the client (you) and by your counsellor. How would you respond to what the counsellor has just said? Write a response that shows what you would say next. Remember that there are two different clients represented on the sheet. Pretend to be each client.

#1 CLIENT: I guess I just don't like to spend time alone anymore. I used to but lately it's like I have to keep myself so busy with other people so I won't have to be alone. It's like I'm just going, going, going, all the time.

COUNSELLOR: Alone-time is when the thoughts you try to keep in the back of your mind come out to the foreground. And right now you're finding it pretty hard to accept some of these thoughts —— and make some decisions about them.

CLIENT:

#2 CLIENT: I guess I just don't have confidence in myself anymore. It's like I'm afraid to open my mouth because somebody might tell me I'm wrong. So I just don't say much of anything at all.

COUNSELLOR: When did you first begin to lose confidence in yourself?

CLIENT:

INSTRUCTIONS:

Pretend that you are really each of these two clients and are talking to a counsellor. Read what has already been said by the client (you) and by your counsellor. How would you respond to what the counsellor has just said? Write a response that shows what you would say next. Remember that there are two different clients represented on the sheet. Pretend to be each client.

#1 CLIENT: I guess I just don't like to spend time alone anymore. I used to but lately it's like I have to keep myself so busy with other people so I won't have to be alone. It's like I'm just going, going, going, all the time.

COUNSELLOR: Being alone would mean facing some things that are pretty painful and frightening for you to look at right now.... And yet, this constant 'going' doesn't really seem to solve anything either...or to satisfy you much.

CLIENT:

#2 CLIENT: I guess I just don't have confidence in myself anymore. It's like I'm afraid to open my mouth because somebody might tell me I'm wrong. So I just don't say much of anything at all.

COUNSELLOR: Could you tell me more?

CLIENT:

APPENDIX C

INITIAL STANDARD CLIENT STATEMENTS, SELECTED COUNSELLOR RESPONSES - - LOW/HIGH ORDER

INSTRUCTIONS:

Pretend that you are really each of these two clients and are talking to a counsellor. Read what has already been said by the client (you) and by your counsellor. How would you respond to what the counsellor has just said? Write a response that shows what you would say next. Remember that there are two different clients represented on the sheet. Pretend to be each client.

#1 CLIENT: I guess I just don't like to spend time alone anymore. I used to but lately it's like I have to keep myself so busy with other people so I won't have to be alone. It's like I'm just going, going, going, all the time.

COUNSELLOR: You used to like being by yourself a lot more than you do now. How do you spend your time now? Can you be more specific?

CLIENT:

#2 CLIENT: I guess I just don't have confidence in myself anymore. It's like I'm afraid to open my mouth because somebody might tell me I'm wrong. So I just don't say much of anything at all.

COUNSELLOR: You'd rather not take the risk of being criticized to make you feel even more unsure than you feel already.

CLIENT:

INSTRUCTIONS:

Pretend that you are really each of these two clients and are talking to a counsellor. Read what has already been said by the client (you) and by your counsellor. How would you respond to what the counsellor has just said? Write a response that shows what you would say next. Remember that there are two different clients represented on the sheet. Pretend to be each client.

#1 CLIENT: I guess I just don't like to spend time alone anymore. I used to but lately it's like I have to keep myself so busy with other people so I won't have to be alone. It's like I'm just going, going, going, all the time.

COUNSELLOR: You feel that you are so busy these days with other people that you don't get any time to yourself.

CLIENT:

#2 CLIENT: I guess I just don't have confidence in myself anymore. It's like I'm afraid to open my mouth because somebody might tell me I'm wrong. So I just don't say much of anything at all.

COUNSELLOR: You don't want to risk being hurt by others' reactions to you, so you avoid drawing attention to yourself.

CLIENT:

INSTRUCTIONS:

Pretend that you are really each of these two clients and are talking to a counsellor. Read what has already been said by the client (you) and by your counsellor. How would you respond to what the counsellor has just said? Write a response that shows what you would say next. Remember that there are two different clients represented on the sheet. Pretend to be each client.

#1 CLIENT: I guess I just don't like to spend time alone anymore. I used to but lately it's like I have to keep myself so busy with other people so I won't have to be alone. It's like I'm just going, going, going, all the time.

COUNSELLOR: Mmm. Mmm. So you think you like the present kind of experience? Tell me what has brought about this change?

CLIENT:

#2 CLIENT: I guess I just don't have confidence in myself anymore. It's like I'm afraid to open my mouth because somebody might tell me I'm wrong. So I just don't say much of anything at all.

COUNSELLOR: Like hiding in a corner because it's safer and you won't get hurt...but it's so lonely there too....

CLIENT: